

TRANSCRIPT REQUEST FORM

YEAR OF GRADUATION _____

YEAR OF WITHDRAWAL _____

NAME OF LAST COLQUITT COUNTY SCHOOL ATTENDED _____

NAME ON SCHOOL RECORDS (MAIDEN NAME) _____

PRESENT NAME (IF DIFFERENT FROM ABOVE) _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER(LAST FOUR DIGITS) _____

TELEPHONE NUMBER _____

NAME OF PARENT/GUARDIAN LISTED ON SCHOOL RECORDS _____

I WOULD LIKE MY OFFICIAL TRANSCRIPT SENT TO: (CAN NOT SEND TO A PERSONAL ADDRESS)

PLEASE SIGN BELOW FOR THE AUTHORIZED RELEASE OF THIS STUDENT RECORD.

Send Request to:

Transcript Request
Colquitt County Board of Education
P.O. Box 2708
Moultrie, GA 31776

PLEASE ALLOW **THREE (3) DAYS** FOR THE TRANSCRIPT TO BE PROCESSED.

AN OFFICIAL CERTIFIED COPY OF YOUR TRANSCRIPT CAN BE SENT DIRECTLY TO A SCHOOL, COLLEGE, POTENTIAL EMPLOYER, ETC. HOWEVER, IN AN EFFORT TO PROTECT YOUR IDENTITY, TRANSCRIPTS WILL NOT BE SENT TO PERSONAL ADDRESSES.